appear themselves in proportion as the neoplastic tissue extends. 5. The lymphadenoma may occupy both testes simultaneously—a fact that appears special to this variety of neoplasm of the testis. 6. Generalization takes place early and rapidly. Of frequent occurrence in the viscera and the bones, it may also involve cutaneous and subcutaneous tissue situated at a great distance from the primary seat of the disease. This and the preceding characteristic may prove of great utility in the diagnosis of the disease. 7. This infection of the economy may, during a relatively long period, not give rise to any appreciable cachexia. 8. This lymphadenoma does not appear to be accompanied by leukæmia. 9. Prognosis is fatal, and surgical intervention up to the present time has always proved useless.—*Med. Times and Gaz.*, Aug. 9, 1879.

Etiology of Hip-Joint Disease.

In a communication to the *Lancet* (Aug. 2, 1879) Mr. RICHARD BARWELL, Surgeon to Charing-Cross Hospital, London, calls attention to the connection between phimosis and hip-joint disease. A good many years ago I was struck, he says, with the fact that nearly all the boys we admitted for hip disease into Charing-Cross Hospital had congenital phimosis. In a short time this coincidence was found to be nearly, if not quite, constant. At last, in the middle of 1873, I determined to note, in a hundred male cases of hip disease occurring in my private practice, or admitted into hospital, the presence or absence of this condition. For the sake of better classification phimosis was divided into three classes: 1st degree, the opening in the prepuce a mere pinhole, so that on retraction no part of the glans, or only a minute portion of the urethral lips, could be seen. 2d degree, in which a considerable part of, or all but nothing beyond, the urethral orifice could be uncovered. 3d degree, in which the prepuce, when retracted, uncovered some portion, but only a portion, of the glans. 4th degree, elongated prepuce projecting more than a quarter of an inch beyond the glans, but capable of entire retraction. 5th degree, normal.

Table of 100 Cases of Hip Disease in Male Children under Ten Years of age.

1st degree.	2d degree.	3d degree.	Elongation.	Normal.
39	27	17	11	6

The same divided into ages.

Years.	1st degree	2d degree.	3d degree.	Elongation.	Normal.
2 to 4	3	2	0	1	1
4 to 6	7	5	2	3	3
6 to 8	16	11	9	4	1
8 to 10	13	9	6	3	1

The first line of this table is very significant when it is considered that the cases are not picked or chosen, but represent every hip disease in the male that came under my notice,[1] from the end of 1873 up to the middle of 1878, when my number was complete. It will be observed that of these cases 83 have phimosis, that only 6 have normally formed prepuce, and that from complete, or the first degree of phimosis, to which class more than one-third of the cases belong, the number steadily declines to the normal. I would also point out that these are not fortuitous coincidences, because for two years at least before commencing tabulation this association was remarked. Furthermore, I asked my friend, Mr. Morrant Baker, to inquire for me about the prevalence of hip disease at the Evelina Hospital, which is largely used by Jews. He tells me that few children are there admitted for hip disease, and that most of those so received belong, not to the Jewish, but to the Christian community. I have appended also the second part of the table—that which divides the cases into ages—although I think in certain ways the division is not very reliable; for finding it impossible to ascertain from the accounts given by parents the exact period of commencement, the age at which I saw the child or admitted him into hospital has been recorded. Children of course came under my notice in all stages of the disease; hence the table shows nothing as to the time at which the malady commenced.

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[1] My colleagues at the hospital had kindly permitted me to make use also of their cases for statistical purposes.

The important fact, however, is simply coincidence of phimosis and hip disease —a coincidence which I should never have dreamed of or imagined had it not been forced on my observation. Upon the mode in which the one influences the other I would rather not speculate further than to point out that phimosed children have facile, frequent, and often long-continued priapism; that this condition, unnatural in the infant, must produce after a time a certain irritability or irritation of the lumbar spinal cord; that from this part the various nerves of the pelvis and lower limb are given off; that the influence of spinal irritation on the trophic nerves is well known, and that just at this particular period large trophic changes are in progress about the hip-joint.

Of course, I have not overlooked the fact that hip disease also occurs in female children, though I believe less frequently than in the male.[1] I regret exceedingly that I did not simultaneously tabulate such cases, as I am now engaged in doing; but this I can say with certainty, that in a large proportion of girls afflicted with hip disease will be found vulvitis, even vaginitis with or without discharge, and generally, I believe, produced in the first instance by thread-worms creeping from the rectum to the vagina. In a certain proportion will be found protruding nympha or nymphæ covered by a cuticular surface. Further than this, as my numbers are incomplete, I am disinclined to go. The inference as to treatment of male cases in the earlier stages is obvious.

The Disturbance in the Growth of the Long Bones after Necrosis of the Diaphysis.

In this paper Prof. Helferich gives (*Deutsch Zeit. f. Chir.*, Bd. x.) careful measurements of the affected region in 141 instances in which necrosis had attacked some part of one of the long bones. He shows that the relation between liability to disease and the rate of growth in a bone, and also in the upper and lower ends of a bone, has been already noted by other observers, and on the whole is correct. The chief exception is the tibia, which is more liable to necrosis than the femur, though its rate of growth is less. This is explained by the greater liability of the tibia to injury, which also causes its shaft to be more frequently affected than that of other bones. With this exception, necrosis is most frequent near the ends of the diaphyses, and in each case near that end at which the growth is the greater.

The numerous careful measurements which the author has made show that interference with the growth of the part affected is frequent, and he suggests that it is often overlooked in consequence of its being, in some instances, slight, and in others masked by a compensatory greater natural growth in the bone or bones of another segment of the limb. In the femur he found 13 instances of shortening to 3 of lengthening; in the tibia, 12 of shortening to 14 of lengthening; in the humerus, 4 of shortening to 1 of lengthening; in the radius, 2 of shortening. These interferences with the length do not take place after the growth of the bone has ceased and after the epiphyses are anchylosed to the shafts. They

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[1] During the time that I was noting 100 male cases I saw only 73 female cases.